

**Corsicana Chiropractic
2300 W. 2nd Avenue
Corsicana, TX 75110**

NOTICE OF PRIVACY PRACTICES

This Notice is effective March 26, 2013

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

At Corsicana Chiropractic we understand that your medical information about you and your health is personal. Our practice is committed to protecting your medical information. We are required by federal and state laws to maintain the privacy of your Protected Health Information (**PHI**) and to give you this notice explaining our privacy practices with regard to that information. This notice explains your rights and our legal obligations regarding the privacy of your **PHI**.

PHI is information that individually identifies you. It may be used and disclosed by our Doctor, our office staff, another health care provider, your health plan, your employer, or a healthcare clearing house that relates to (1) your past, present, or future medical condition. We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with respect to medical information.

WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU IN SEVERAL CIRCUMSTANCES

1. Treatment

We may use and disclose medical information about you to provide, coordinate or manage your healthcare and related services. This may include communicating with other healthcare providers regarding your treatment and coordinating and managing your healthcare with others.

2. Payment

Your **PHI** may be used and disclosed to obtain payment for healthcare services that you received. We also may *disclose* your **PHI** to others (such as insurers, collection agencies, and consumer reporting agencies). In some instances, we may disclose your **PHI** to an insurance plan *before* you receive certain healthcare services because, for example, we may need to know whether the insurance plan will pay for a particular service.

3. Health Care Operations

We may use and disclose your **PHI** in performing a variety of business activities that we call "healthcare operations." These "healthcare operations" activities allow us to, for example, improve the quality of care we provide and reduce healthcare costs. These activities include, but are not limited to, the evaluation of our team members in caring for you, quality assessment, the disclosure of information to physicians, nurses, medical technicians, or other authorized personnel for educational and learning purposes.

4. Persons Involved in Your Care

We may disclose your **PHI** to a relative, close personal friend or any other person you identify if that person is involved in your care and the information is relevant to your care. You may ask us at any time not to disclose medical information about you to persons involved in your care.

5. Appointment Reminders/Treatment Alternatives/Health-Related and Services:

We may use and disclose your **PHI** to contact you to remind you that you have a scheduled appointment or to advise you of treatment options or alternatives or health related benefits and services which may be of interest to you.

6. Required by Law

We will disclose your **PHI** about you when required to do so by international, federal, state or local law.

7. Authorizations

Other than the uses and disclosures described above (#1-6), we will not use or disclose medical information about you without the "authorization" – or signed permission – of you or your personal representative.

YOUR RIGHTS WITH RESPECT TO YOUR PROTECTED HEALTH INFORMATION

1. Right to a Copy of This Notice

You have a right to have a paper copy of our Notice of Privacy Practices at any time.

2. Right of Access to Inspect and Copy

You have the right to inspect and receive a copy of your **PHI** (certain fees may apply). If we maintain your medical records in an Electronic Health Record (EHR) system, you may obtain an electronic copy of your medical records (certain fees may apply). You may also instruct us in writing to send an electronic copy of your medical records to a third party. We may deny your request in certain circumstances.

3. Right to Have Medical Information Amended

You have the right to have us amend your **PHI**. If you believe that we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing and explain why you would like us to amend the information. We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

4. Right to an Accounting of Disclosures We Have Made

You have the right to receive an accounting of disclosures that we have made for the previous six (6) years. The accounting will not include several types of disclosures, including disclosures for treatment, payment or healthcare operations. If we maintain your medical records in an Electronic Health Record (EHR) system, you may request that include disclosures for treatment, payment or healthcare operations. The accounting will also not include disclosures made prior to April 14, 2003.

5. Right to Request Restrictions on Uses and Disclosures

You have the right to request that we limit the use and disclosure of medical information about you for treatment, payment and healthcare operations. You also have the right to request that we restrict disclosures of your medical information and healthcare treatment(s) to a health plan (health insurer) or other party, when that information relates solely to a healthcare item or service for which you, or another person on your behalf (other than a health plan), has paid us for in full. Once you have requested such restriction(s), and your payment in full has been received, we must follow your restriction(s).

6. Right to Request an Alternative Method of Contact

You have the right to request to be contacted at a different location or by a different method.

7. Right to Notification if a Breach of Your Medical Information Occurs

You have the right to be notified upon a breach of any of your unsecured **PHI**.

YOU MAY FILE A COMPLAINT ABOUT OUR PRIVACY PRACTICES

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a written complaint either with us or with the federal government.

We will not take any action against you or change our treatment of you in any way if you file a complaint.

To file a written complaint with the federal government, please use the following contact information: **Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D.C. 20201, Toll-Free Phone: 1-(877) 696-6775,**

Website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html>, Email: OCRComplaint@hhs.gov

If you have any questions in reference to this form, please ask to speak with our HIPAA Compliance Officer in person or by phone at 903.872.5657. You have the right to request a paper copy of this Notice at any time even if you have agreed to receive this Notice electronically.

Please sign below to acknowledge you have received or have been given the opportunity to receive a copy of our Notice of Privacy Practices.

Patient Signature: _____ Date: _____